

DO NOT WRITE IN THIS SPACE

Date Application accepted:

COUNTY OF FAIRFAX

APPLICATION No: __

Application Fee Paid: \$____

Department of Planning and Zoning

Zoning Evaluation Division

12055 Government Center Parkway, Suite 801 Fairfax, VA 22035 (703) 324-1290, TTY 711 www.fairfaxcounty.gov/dpz/zoning/applications

(Staff will assign)

RECEIVED Department of Planning & Zoning

MAR 2 5 2015

APPLICATION FOR A SPECIAL PERMIT

APPLICANT NAME Myriam Isaza / Mommy's Daycare		(PLEASE TYPE or PRI		Zoning Evaluation Division
PROPERTY INFORMATION PROPERTY INFORMATION PROPERTY INFORMATION PROPERTY INFORMATION PROPERTY INFORMATION TAX MAP NO. 0401 16 0121 ZONING DISTRICT R-4 PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: N/A ZONING ORDINANCE SECTION 8-305 and 8-914 PROPOSED USE Home Child Care Facility and reduction to the minimum yard requirements based on error in building location to permit an accessory storage structure to remain 1.2 from a rear lot line. NAME NAME NAME NAME NAMILING ADDRESS MINI S 34 Gt (304 St Falls Church VA 22043 PHONE HOME (703) 293-0209 WORK () PHONE MOBILE (703) 627-1187 MAILING Send all correspondence to (check one): Applicant -or Agent/Contact The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application. MYTI AM ISAMA TYPE/PRINT NAME OF APPLICANT/AGENT SIGNATURE OF APPLICANT/AGENT	APPLICANT	NAME Myriam Isaza / Mommy	y's Daycare	
PHONE HOME (703) 288-0209 WORK () PHONE MOBILE (703) 627-1187 PROPERTY ADDRESS 1834 Gilson St., Falls Church, VA 22043 TAX MAP NO. SIZE (ACRES/SQ FT) 11,200 sq ft 20NING DISTRICT MAGISTRICT Draneswille PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: N/A ZONING ORDINANCE SECTION 8-305 and 8-914 PROPOSED USE Home Child Care Facility and reduction to the minimum yard requirements based on error in building location to permit an accessory storage structure to remain 1-1 from a rear lot line. NAME N/A MAILING ADDRESS PROPOSED USE HOME (703) 293-0209 WORK () PHONE HOME (703) 293-0209 WORK () PHONE MOBILE (703) 237-1187 MAILING Send all correspondence to (check one): Applicant -or Agent/Contact The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application. MYTIAM ISAM. TYPE/PRINT NAME OF APPLICANT/AGENT SIGNATURE OF APPLICANT/AGENT		MAILING ADDRESS 1834 Gil	son St., Falls Church, VA 22043	
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